HPR80

# The Accessibility of Anti-Cancer Drugs in China's Urban Customized Commercial Medical Insurance

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## Background and Objective

- Urban Customized Commercial Medical Insurance(UCCMI), a form of social-commercial integration insurance, represents an important component of the multi-level medical security system in China.
- Given this context, this study aimed to analyze the coverage status and the accessibility of anti-cancer drugs within UCCMIs.

## Methods

- Data were sourced from the PharmaCube database and included 2020-2024 UCCMI insurance coverage and high-priced drugs.
- Descriptive statistical analysis was used to identify key characteristics of anti-cancer drugs.
- Affordability analysis was conducted on drugs were included in ten or more 2024 UCCMIs.
- Affordability ratios were defined as the out-of-pocket cost per patient divided by the 2024 urban household non-food consumption expenditure.
- Availability ratios were defined as the regional coverage of drugs.

## Results

- 219 anti-cancer drugs were analyzed, corresponding to 115 UCCMI products and 208 specialty drug coverages. 42.9% (94) were listed in the National Reimbursement Drug List (NRDL).
- Across 108 cancer types covered, drugs for non-small cell lung cancer(n=42) were most frequently included.

## Results(continued)

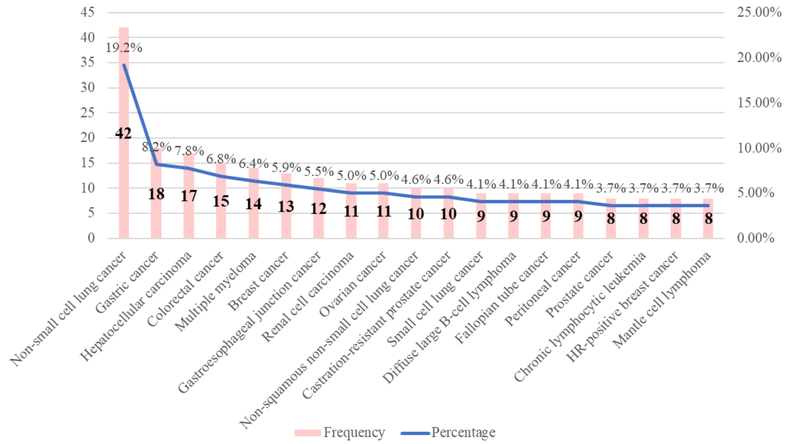


Figure 1 Occurrence of certain cancers (frequency ≥ 8)

- Regarding specialty drug coverage, deductibles (¥0–¥50,000, median ¥0) and pay-out caps (¥50,000–¥3.6 million, median ¥1 million) generally fixed amounts, while reimbursement rates were typically differentiated by pre-existing (median 80% for non-pre-existing, 30% for pre-existing).

Table 1 Summary of specialty drug coverage

| Key Feature | Typical Pattern | Count | Min | Max | Median |
|---|---|---|---|---|---|
| Deductible (Unit: ¥ 10,000) | Direct Setting | 186 | 0 | 5 | 0 |
| | With/without pre-existing | 11 | Non-pre-existing: 0<br>Pre-existing: 2 | Non-pre-existing: 2<br>Pre-existing: 2.5 | Non-pre-existing: 0<br>Pre-existing: 2 |
| | New enrollment / renewal | 10 | New enrollment: 1.36<br>Renewal: 1 | New enrollment: 1.7<br>Renewal: 1.6 | New enrollment: 1.5<br>Renewal: 1.3 |
| | Economic level | 1 | Normal: 1 ; Special hardship population: 0.5 | | |
| Reimbursement rates | Direct Setting | 46 | 30% | 100% | 60% |
| | With/without pre-existing | 141 | Non-pre-existing: 40%<br>Pre-existing: 10% | Non-pre-existing: 100%<br>Pre-existing: 60% | Non-pre-existing: 80%<br>Pre-existing: 30% |
| | New enrollment / renewal | 4 | New enrollment: 50% ; Renewal: 55% | | |
| | Tiered reimbursement | 0 | | | |
| | Combination: With/without pre-existing+Age gradient,whether in provincial drug list,Economic level,and inside/outside NRDL; New enrollment / renewal+ tiered reimbursement | 17 | Non-pre-existing group: ~60%; Pre-existing group: ~30%<br>New enrollment group: ~70%: Renewal group:~72.5% | | |
| Pay-out caps (Unit:¥10,000) | Direct Setting | 200 | 5 | 360 | 100 |
| | With/without pre-existing | 5 | Non-pre-existing: 60<br>Pre-existing: 0.45 | Non-pre-existing: 100<br>Pre-existing: 30 | Non-pre-existing: 100<br>Pre-existing: 0.45 |
| | New enrollment / renewal | 1 | New enrollment: 50 ; Renewal: 75 | | |
| | Age gradient | 2 | <60 years old: 120<br>60–100 years old: 100 | <60 years old: 150<br>60–100 years old: 100 | <60 years old: 135<br>60–100 years old: 100 |

## Results(continued)

- Affordability analysis showed that among 33 NRDL-listed drugs, the number of affordable drugs rose from 10 to 13 (pre-existing) and to 32 (non-pre-existing) after being reimbursed stepwise by both basic medical insurance and UCCMI. Among the remaining 43 non-NRDL drugs, only 4 and 11 were affordable under UCCMI alone.

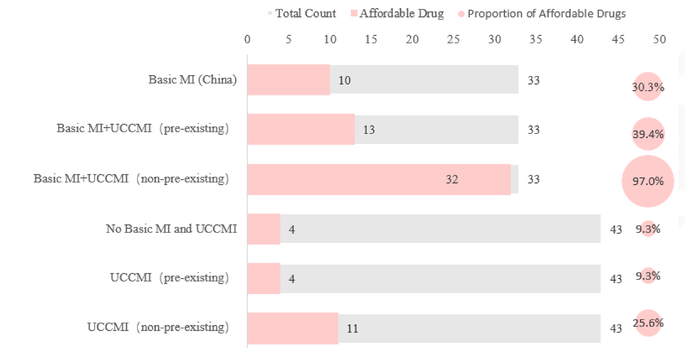


Figure 2 Affordability of anti-cancer drugs by reimbursement category

- Eastern regions had the highest concentration (54 products), covering 75.3% of anti-cancer drugs, whereas northeastern regions had relatively few (2 products), covering only 29.2%.

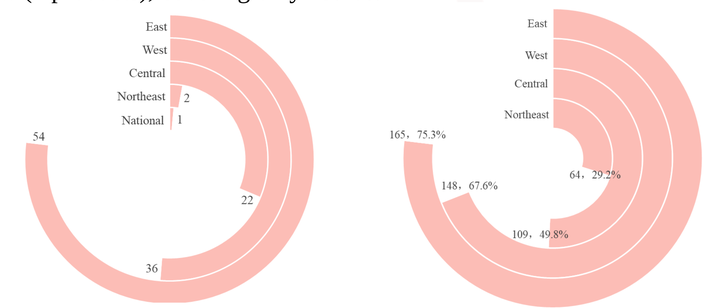


Figure 3 Regional distribution of UCCMI products and covered anti-cancer drug counts in China

## Conclusion

UCCMI has substantially enhanced the accessibility of anti-cancer drugs in China; however, the affordability of certain expensive drugs and regional disparities in availability remain to be improved.

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